

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980968

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	W
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.			4						
TOTAL DEP.	11	↔	5	↔		↔			
TOTAL CLAIMS	12	↔	9	↔		↔			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS